


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>APPLICATION FOR REINSTATEMENT</b>			
DOCUMENT # P 92000011611 1. Corporation Name <b>GLORIMAR ENTERPRISES, INC.</b>			
Principal Place of Business 1852 Showertree Way West Palm Beach, FL 33414		Mailing Address 1852 Showertree Way West Palm Beach, FL 33414	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		DO NOT WRITE IN THIS SPACE	
		4. Date Incorporated or Qualified To Do Business in Florida 12/15/92	
		5. FEI Number 65-0374175	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	MARK ZOFCIN	1852 Showertree Way	West Palm Beach, FL 33414
D	GLORIA ZOFCIN	1852 Showertree Way	West Palm Beach, FL 33414
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MARK ZOFCIN 1852 Showertree Way West Palm Beach, FL 33414		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
		DB 3299	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent <i>Mark Zofcin</i>		Date 2-26-99	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>Mark Zofcin V.P.</i>		Date 2-26-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARK ZOFCIN		Date Daytime Phone #	

CR2E04G (12/95)